

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1210

## Complete if Known

Application Number	10/549,408
Filing Date	14 September 2005
First Named Inventor	JUNBIAO ZHANG
Examiner Name	Syed Zia
Art Unit	2131
Attorney Docket No.	PU030081

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
Under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	200	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<b><u>Total Claims</u></b>		<b><u>Multiple Dependent Claims</u></b>
<b><u>Extra Claims</u></b>		<b><u>Fee (\$)</u></b>
<b><u>Fee(\$)</u></b>		<b><u>Fee Paid (\$)</u></b>
<b><u>Fee Paid (\$)</u></b>		
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b><u>Indep. Claims</u></b>		
<b><u>Extra Claims</u></b>		
<b><u>Fee(\$)</u></b>		
<b><u>Fee Paid (\$)</u></b>		
_____ - 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_  
Other (e.g., late filing surcharge): Notice of Appeal (\$540), Appeal Brief (\$540), One-Month Ext. of Time (\$130) 1210

## SUBMITTED BY

Signature	/Daniel E. Sragow/	Registration No. (Attorney/Agent)	22,856	Telephone	609-734-6832
Name (Print/Type)	Daniel E. Sragow	Date	2 December 2008		